


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002996 (4) 1. Corporation Name HMC BN CORPORATION			
Principal Place of Business 10400 FERNWOOD ROAD DEPT. 72.862 BETHESDA MD 20817-1109 US		Mailing Address 10400 FERNWOOD ROAD DEPT. 72.862 BETHESDA MD 20817	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASSETTA, CHRISTOPHER J 2904 N DINWIDDIE STREET ARLINGTON VA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOWNSEND, CHRISTOPHER G 10 PARAMUS COURT N PATOMAC MD	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALLACE, SUSAN E 8399 MAPLEVILLE ROAD MT AIRY MD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARDINSKI, BRUCE D 6317 BARSKY COURT FAIRFAX STATION VA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBURN, ANNA MAYRY 10400 FERNWOOD RD BETHESDA MD	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS JR, ROBERT J 5 PARAMUS COURT N POTOMAC MD	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

52-1982075

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

NASSETTA, CHRISTOPHER J

STREET ADDRESS

2904 N DINWIDDIE STREET

CITY-ST-ZIP

ARLINGTON VA

TITLE

VPD

☐ DELETE

NAME

TOWNSEND, CHRISTOPHER G

STREET ADDRESS

10 PARAMUS COURT

CITY-ST-ZIP

N PATOMAC MD

TITLE

AS

☐ DELETE

NAME

WALLACE, SUSAN E

STREET ADDRESS

8399 MAPLEVILLE ROAD

CITY-ST-ZIP

MT AIRY MD

TITLE

T

☐ DELETE

NAME

WARDINSKI, BRUCE D

STREET ADDRESS

6317 BARSKY COURT

CITY-ST-ZIP

FAIRFAX STATION VA

TITLE

S

☒ DELETE

NAME

COBURN, ANNA MAYRY

STREET ADDRESS

10400 FERNWOOD RD

CITY-ST-ZIP

BETHESDA MD

TITLE

D

☐ DELETE

NAME

PARSONS JR, ROBERT J

STREET ADDRESS

5 PARAMUS COURT

CITY-ST-ZIP

N POTOMAC MD

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/17/98

(301) 380-9000

CR2E034 (10/97)